

No. W 4640	Due no later than Sep 30, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PRAIRIE SCHOONER ESTATES AND MINI S 2025 W HWY 53 #206 RATHDRUM, ID 83858		JOSEPH & FRANCES DONDELING 2025 W HWY 53 #206 RATHDRUM, ID 83858 3. <u>New</u> Registered Agent Signature											
	4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Sharon Graham</td> <td>W12225 Hwy 53</td> <td>Rathdrum</td> <td>ID</td> <td>83858</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Sharon Graham	W12225 Hwy 53	Rathdrum	ID
Office held	Name	Street or P.O. Address	City	State	Zip									
Manager	Sharon Graham	W12225 Hwy 53	Rathdrum	ID	83858									
5. Organized Under the Laws of: IDAHO W 4640	6. <table border="1"> <tr> <td>Signature</td> <td><i>Sharon M Graham</i></td> <td>Date</td> <td>8-4-00</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Sharon M Graham</td> <td>Title:</td> <td>Manager</td> </tr> </table>			Signature	<i>Sharon M Graham</i>	Date	8-4-00	Name (Typed or Printed)	Sharon M Graham	Title:	Manager			
Signature	<i>Sharon M Graham</i>	Date	8-4-00											
Name (Typed or Printed)	Sharon M Graham	Title:	Manager											

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Do Not Tape or Staple

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